

HISTORY FACILITY PROFILE

HILLSDALE REHABILITATION CENTER PROVIDER #: 465128 FACILITY BEDS TYPE ACTION: RECERTIFICATION
 1216 EAST 1300 SOUTH PHONE NUMBER: (801) 487-5865 TOTAL: 121
 SALT LAKE CITY UT 84105 PARTICIPATION DATE: 10/03/1991 CERTIFIED: 121 TYPE OWNERSHIP: NONPROFIT - CORPORATION
 STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 07/11/2002		LTC ADMISSION/SUSPENSION DATES		TOTAL CERTIFIED BEDS: 121			
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TOTAL:	53	ADMISSION SUSPENDED:		18	18/19	19	ICF/MR
MEDICARE:	1	SUSPENSION RESCINDED:		--	----	--	-----
MEDICAID:	45					121	
OTHER:	7						

CURRENT SURVEY REVISIT DATES - 09/19/2002

PRIOR 3 SURVEY 06/1999	S/S CODE	PRIOR 2 SURVEY 08/2000	S/S CODE	PRIOR 1 SURVEY 11/2001	S/S CODE	CURRENT SURVEY 07/11/2002	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
		X	B			X C	D	08/09/2002	REQ F0157-INFORM OF ACCIDENTS/SIG CHANGES/TRANSFER/ETC REQ F0167-SURVEY RESULTS READILY ACCESSIBLE TO RESIDENTS REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE REQ F0241-DIGNITY
		X	E	X	D				REQ F0252-SAFE/CLEAN/COMFORTABLE/HOMELIKE ENVIRONMENT REQ F0253-HOUSEKEEPING & MAINTENANCE SERVICES REQ F0276-QUARTERLY REVIEW OF ASSESSMENTS REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS REQ F0287-RESIDENT ASSESSMENT AUTOMATED DATA PROCESSING REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	E	X	E	X C	E	08/31/2002	REQ F0312-ADL CARE PROVIDED FOR DEPENDENT RESIDENTS REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES REQ F0318-RANGE OF MOTION TREATMENT & SERVICES REQ F0327-FACILITY PROVIDES SUFFICIENT FLUID INTAKE REQ F0354-USE OF CHARGE NURSE & REGISTERED NURSE REQ F0364-FOOD PROPERLY PREPARED, PALATABLE, ETC. REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
		X	E	X	E				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES REQ F0441-FACILITY ESTABLISHES INFECTION CONTROL PROG REQ F0460-ROOMS DESIGNED TO ASSURE FULL VISUAL PRIVACY REQ F0490-FACIL ADMINISTERED EFFECTIVELY TO OBTAIN HIGHEST REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF REQ F0502-FACIL PROVIDES/OBTAINS LAB SERVICES REQ F0514-CLINICAL RECORDS MEET PROFESSIONAL STANDARDS REQ F0520-FACILITY MAINTAINS QA COMMITTEE REQ F0521-QA COMMITTEE MEETS QTRLY/DEVELOPS/IMPLEMENTS PLAN REQ F0698-PAST NONCOMPLIANCE - REMEDY PROPOSED
X	G			X	H	X C	E	09/16/2002	
		X	E	X	D	X C	D	08/31/2002	
		X	E	X	E				
		X	E	X	E	X C	E	09/16/2002	
		X	E	X	E				
		X	F	X	H				
		X	D	X	D				
		X	E	X	D				
		X	G	X	H	X C	H	09/16/2002	

EDITION OF LSC APPLIED

PRIOR 3 SURVEY 02/1999	PRIOR 2 SURVEY 06/2000	PRIOR 1 SURVEY 11/2001	CURRENT SURVEY 07/16/2002
X	X	X	X N
		X	X C
		X	X C
X	X	X	X C
X	X	X	X N
X	X	X	
X	X	X	

PLAN/DATE
OF CORRECTION

LSC DEFICIENCIES - BLDG NO. 01

K0018-CORRIDOR DOORS
 K0025-SMOKE PARTITION CONSTRUCTION
 K0027-DOORS IN SMOKE PARTITIONS
 K0034-STAIRS AND SMOKE PROOF TOWERS
 K0038-EXIT ACCESS
 K0046-EMERGENCY LIGHTING
 K0050-FIRE DRILLS
 K0054-SMOKE DETECTOR MAINTENANCE
 K0056-AUTOMATIC SPRINKLER SYSTEM
 K0062-SPRINKLER SYSTEM MAINTENANCE
 K0072-FURNISHING AND DECORATIONS
 K0130-OTHER

TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	6	15	12	1
HEALTH TOTAL	6	15	12	1
LIFE SAFETY CODE	5	6	5	5
LIFE SAFETY CODE + HEALTH	11	21	17	6

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
02/28/2002	UNSUBSTANTIATED
03/11/2002	UNSUBSTANTIATED
03/13/2002	UNSUBSTANTIATED
04/01/2002	UNSUBSTANTIATED

FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT
 COP = CONDITION REQ = REQUIREMENT